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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: POWELL, JACKMAN, STEVENS & RICCIARDI, P.A. Account Name

Account Number : I20170000034 : (239)689-1096 Phone : (239)791-8132 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PINE ISLAND ROAD-INTEREST, LLC

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P.002/005

COVER LETTER

TO:	Registration Sec Division of Corp				
		Road Interest, LLC			
SUBJE	Cr:	Name of Limit	ted Liability Company	-	_
The enc	closed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please r	eturn all correspon	ndence concerning this matter t	o the following:		
		Name of Curporations ne Island Road Interest, LLC Name of Limited Liability Company ricles of Amendment and fee(s) are submitted for filing. I correspondence concerning this matter to the following: Rita Jackman Name of Person Firm/Company 4575 Via Royale STE 200 Address Fort Myers, FL 33919 City/State and Zip Code 1.egal@your-advocates.org E-mail address: (to be used for future annual report notification) ormation concerning this matter, please call: Name of Person Area Code Daytime Telephone Number			
			Name of Person		\$60.00 Filing Fee, Certificate of Status & Certified Copy (arkitional copy is eached)
			Firm/Company		
	4575 Via Royale STE 200				
			Address		
		Fort Myers, FL 33919			_
			City/State and Zip Code		
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Rita Ja	ckman		at ()		
	Name o	f Person	Area Code	Daytime Telephone Nu	mber
Enclos	ed is a check for t	he following amount:			
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	Regist Divisie	LING ADDRESS: ration Section on of Corporations	Registrati Division	COURIER ADDRES on Section of Corporations	S:

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, PL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Pine Island Road Interest, LCL		
(Name of the Limited Liability C (A Florida Lia	Company as it now appears on our records. mited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 08/01/2017	and assigned
Florida document number L17000163914		
This amendment is submitted to amend the following:	456 - 52	
A. If amending name, enter the new name of the limited	d Hability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>.</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address	red office address on our records, us here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Stonature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Nume	Address	Type of Action
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ffective date, if other than the date of an effective date is listed, the date must be specific. If the date inserted in this block document's effective date on the Departm	cific and cannot be pr es not meet the app	dicable statutory 1	or more than 90 days	optional) after filing.) Pursu this date will re	ant to 605.020 of be listed as
e record specifies a delayed effe The 90th day after the record is	tive date, but filed.	not an effectiv	e time, at 12:0)1 a.m. on th	e eariler o
rated August 31	. 201	コ			
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